

TRUST BOARD IN PUBLIC		Date: 28th November 2013	
		Agenda Item: 2.2	
REPORT TITLE:	Safety and Quality Committee Chair Update		
EXECUTIVE SPONSOR:	Dr Des Holden		
REPORT AUTHOR:	Dr Des Holden		
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Safety and Quality Committee – 8 th October 2013		
Purpose of the Report and Action Required:		(√)	
This report provides the Board with Assurance The Board is asked to review the report for information.	Approval		
	Discussion		
	Information		✓
Summary of Key Issues			
<p>The committee received a number of reports including an update on Friends and Family; Safeguarding Internal Audit Report; National Audits and Implications for SASH Report; and the Integrated Performance Report which is a new standing agenda item. There was a presentation regarding CQC compliance and future inspections and subsequent discussion which included feedback from the Frimley Park mock inspection. An initial draft proposal of the clinical governance framework was reviewed, a verbal update on the dispatches action plan and improvements in data quality were also discussed.</p> <p>The current chair of SQC stepped down and a new chair was announced.</p>			
Relationship to Trust Corporate Objectives & Assurance Framework:			
Safety & Quality – Delivering safe, high quality and well evaluated services			
Corporate Impact Assessment:			
Legal and regulatory implications	CQC compliance		
Financial implications	No direct impact		
Patient Experience/Engagement	Well evaluated services		
Risk & Performance Management	Assurance that systems and processes in place and continued work to improve these		
NHS Constitution/Equality & Diversity/Communication			
Attachments:			

TRUST BOARD REPORT – Safety and Quality Committee Summary Report

The meeting was held on 8th October 2013

1. Patient Experience

The Committee were told the Patient Experience Strategy is progressing. An update paper on Friends and Family advised that the process has been changed to take into account only scores from in-patients. With this change the Trust has scored second highest when compared to Kent, Surrey and Sussex. However, there has been a significant drop in response rate which will be addressed through an education process in terms of raising staff awareness to encourage completion and raise the response rate. There has been a 25% reduction in Your Care Matters response rates which is thought to be due to the fact that staff are no longer involved in the process. The committee was assured that work is being done to address this too and a newsletter is being produced by the communications team highlighting the changes.

In a recent meeting between the Trust and NHS England it was advised that it is highly likely that there will be a Friends and Family review in 2014 of comparability with scoring. In addition from April 2014 there will be 2 questions for staff and the answers would be used to inform a CQC inspection.

2. Regulatory / Strategy

Clinical Governance Framework

The Committee were advised that the internal auditors will be reviewing clinical governance and the first draft of a clinical governance framework was presented. A number of points were raised about the names, frequency and number of groups represented. There was a need to clarify the role of the groups, how they feed into one another and agree a delivery programme. The Committee felt there needs to be standard groups which meet regularly and are able to demonstrate triangulation of Trust wide information.

Further refinement of the draft clinical governance framework was requested and the final version should be presented at the next SQC meeting.

CQC Compliance and Future Inspections

The committee were made aware that the new CQC inspections focus at both Trust and service level based on 5 key questions;

1. Are we safe?
2. Are we effective?
3. Are we caring?
4. Are we responsive to needs?
5. Are we well led?

It is expected that the new regulations will be published by the Department of Health and new ratings will be published in December 2013. There will be less ministerial involvement with the CQC but inspections will be longer and more thorough, on occasions lasting up to 15 days.

The Committee asked for assurance around the collation of information and ensuring all staff are aware of the changes and their implications. They were assured that full

engagement with staff needs to take place and time is being invested with staff and services for example, through the 'deep dive' work that Sue Jenkins has been bought in to complete.

3. Safety

Dispatches SI Action Plan Update

The Committee were updated on the progress on completion of the action plan developed in response to the dispatches programme in 2010. The majority of actions are complete but a small number need review and evidence of completion. The main reasons why actions remained open was due to the fact that there was a lack of evidence for closure of some actions and that there was not an overall action plan owner. The committee were advised that a task and finish group has been established to own and oversee the full completion of the action plan and would be updating MBQR in December. Concerns were raised this needed to be completed with a new sense of urgency and ideally should be completed within a month. The committee agreed that ownership of an action plan developed as a result of a Trust wide concern in the future would be owned by MBQR.

Safeguarding Internal Audit Report

The audit report was presented, key issues highlighted and the recommendations discussed. Staff training was highlighted as a key issue and the Committee were assured there is an action plan in place to address the problems with staff attending the right level of training. Work is being done with HR to ensure new starters complete their training within the first 3 days of starting which is to be rolled out in January 2014. E-learning training packages are also being explored but a concern was raised that these could only be accessed by staff via a SASH computer. The committee asked for this to be investigated further as there is a need for staff to be able to access training securely off site such as from home. The committee were told that the plan is to get everyone trained in the next year.

Issues around Trust secure access to information regarding which children have social workers was raised. The committee was advised that the GP will have a health plan in place for those children and the Trust has agreed with the local councils that we have read-only access to any reports / lists / data that is available on all children so that any concerns can be raised.

4. Quality and Performance

National Audits and Implications for SASH

Concerns were raised that the Trust had participated in over 100 audits but it was unclear where feedback of the results goes and how these are used to inform the focus of work to take forward. It was confirmed that the local report is sent to the lead clinicians and the reports should be tracked via the Trust audit processes. It was felt that the Trust needs to be selective about which and how many National audits we participate in. The committee were informed that a meeting to discuss issues of concern regarding National Audits has been arranged on behalf of the Medical Director for the 31st October 2013.

Data Quality

The committee were informed that a number of data challenges have been reduced and data accuracy is increasing. Through being able to rely on accurate data the Trust can identify clinical activity which historically it has not been paid for in the past. A concern was

raised about how performance and other data presented as part of the assurance and clinical governance process can be scrutinised by committees and the data quality can be guaranteed. It was advised that committees should identify the most important as a priority and take it from there.

Integrated Performance Report

The report was reviewed and it was noted that the Trust has been unable to meet the 2-week pathway for breast cancer patients in September. The committee requested assurance that actions are in place to address this. The number of serious incidents breaching closure was also highlighted and the committee was told that processes are being put in place to reduce this. Improvements were noted in a number of the indicators.

Dr. Des Holden
Medical Director
November / 2013